



JANE SWIFT  
Governor

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
**Department of Food and Agriculture**  
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BOB DURAND  
Secretary

DOUGLAS GILLESPIE  
Commissioner

150 Faces of Massachusetts Agriculture Project  
***Information and Release Form***

**Photograph Subject Information**

|  |               |             |
|--|---------------|-------------|
| <b>Name:</b>   |               |             |
| <b>Company or Organization:</b>  |               |             |
| <b>Title:</b>  |               |             |
| <b>Address:</b>  |               |             |
| <b>City:</b>   | <b>State:</b> | <b>Zip:</b> |
| <b>Phone:</b>  |               |             |
| <b>E-mail:</b>   |               |             |
| <b>Affiliation with MDFA.</b> Please tell us about programs you participate in or other connections you have with the department:  |               |             |
|  |               |             |
|  |               |             |
|  |               |             |
| <b>Relevant biographical information.</b> Please tell us a little bit about yourself: your occupation, your business, interests, education, organizations, awards, family, etc.: |               |             |
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|  |               |             |
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**Please read and sign the release statements on the reverse and send this form with photos to:**

Diane Baedeker Petit,  
Mass. Dept. of Food and Agriculture  
251 Causeway St., Suite 500  
Boston, MA 02114  
For more information, call 617-626-1752  
or e-mail [Diane.Baedeker@state.ma.us](mailto:Diane.Baedeker@state.ma.us).

(over)

# Release Statements

**If you are the subject of the photograph(s), please read, date and sign below:**

## **Standard Release Form:**

Now, on this \_\_\_\_\_ day of \_\_\_\_\_, 2002, I, the undersigned, grant the Massachusetts Department of Food and Agriculture or its authorized agents the irrevocable right to use photographs of me and/or my property for informational, publicity, or promotional purposes without prior notification. I understand that these photographs may appear in printed materials published by the Department, on the Department's web site, in Department presentations or exhibits, in newspapers or magazines, or on television. I agree to hold the Department harmless from all claims related to the Department's or its agents' use of these photographs for these purposes. I also agree that the Department is under no obligation to me or any other party to use these photographs. By my signature below, I represent that I have read and fully understand this Standard Release Form, and that either (A) I am at least eighteen years of age, or (B) my legal guardian has signed on my behalf below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

## **Parent or Guardian's Consent (If applicable):**

I the undersigned, now certify on this \_\_\_\_\_ day of \_\_\_\_\_, 2002, that I am the parent and/or legal guardian of the minor named above and I have the legal authority to execute the above Standard Release Form. I approve the foregoing and waive any rights in the photograph(s) submitted with this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**If you took the photograph(s), please read, date and sign below.**

## **Statement of Ownership and Responsibilities:**

I, the undersigned, now certify on this \_\_\_\_\_ day of \_\_\_\_\_, 2002 that each photograph described above is my own creation and that I have full and total rights to this material. I have included signed Standard Release Forms from all persons and property pictured in each photograph. I accept all liability from each photograph, and I grant the Massachusetts Department of Food and Agriculture the irrevocable right to offer and display each photograph for informational, publicity, or promotional purposes without prior notification and without compensation. I also agree that the Department is under no obligation, to me or any other party, to use these photographs. By my signature below, I represent that I have read and fully understand this Statement, and that either (A) I am at least eighteen years of age, or (B) my parent and/or legal guardian has signed their consent to this Statement on my behalf below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

## **Parent or Guardian's Consent (If applicable):**

I, the undersigned, now certify on this \_\_\_\_\_ day of \_\_\_\_\_, 2002 that I am the parent and/or legal guardian of the minor named above and that I have the legal authority to execute the above Statement of Ownership and Responsibilities. I approve the foregoing and waive any rights in the photograph(s) submitted with this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name